



TAX & UTILITY SYSTEMS

City of Allentown – 215 City Hall
435 Hamilton Street, Allentown, PA 18101-1699
(610) 437-7508

CLAIM FOR REFUND – EMERGENCY MUNICIPAL SERVICES TAX
ATTACH ALL APPLICABLE ORIGINALS AND/OR COPIES OF FORMS TO THIS FORM

INSTRUCTIONS:

1. Application must be **SIGNED** by applicant.
2. Applications must be presented to City of Allentown, Tax & Utility Systems, for refund approval.
3. Applications received by mail will be refunded and remitted timely (by mail) by the Office of Treasury & Accounting. **You must enclose a self-addressed, stamped envelope.**

NOTE: NO REFUND WILL BE ISSUED UNLESS THE EVIDENCE OF THE APPLICANT’S ORIGINAL CERTIFICATE AND COPY(IES) OF OTHER EMST2 CERTIFICATE(S) ARE ATTACHED.

NAME: _____ SOC. SEC. #: _____ - _____ - _____

ADDRESS: _____

REFUND	\$
REQUESTED	

REASON FOR CLAIM

- MULTIPLE DEDUCTION OR PAYMENTS:** Applicant retains employee’s “*Evidence of Deduction Certificate*” (EMST2) from his/her principal employer (attach copy). City will retain original(s) of the “*Evidence of Deduction Certificate*” from the applicant’s second or part-time employer(s) when requesting a refund. List employer(s) by status order, MW# or QW# as indicated on the EMST2 form, and check (√) appropriate Work Status Indicator (full-time/part-time).

EMPLOYER STATUS	EMPLOYER NAME	EMPLOYER BUSINESS ACCOUNT #	REFUND YEAR	WORK STATUS	EMST PAID DEDUCTION
1 ST (Principal)					
2 ND					
3 RD					

- TOTAL GROSS EARNINGS WERE LESS THAN \$12,000 ANNUALLY:** If your income, from all sources, including those monies earned outside the City of Allentown is less than \$12,000 for the period January 1 through December 31, you are exempt from payment of EMST. List all Employer Names and Applicant Wages received for each occupation. **NOTE:** W2’s and all copy(ies) of Federal or State Returns must be provided.

EMPLOYER NAME:	EMPLOYER BUSINESS ACCOUNT #	WAGES EARNED

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION HEREIN CONTAINED IS TRUE AND CORRECT.

APPLICANT

SIGNATURE _____ DATE: _____

FAILURE TO INCLUDE ALL NECESSARY FORMS AND DOCUMENTS WILL DELAY THIS REFUND REQUEST.

- FOR USE BY TAX & UTILITY SYSTEMS -
Date Application Received: _____
Application Received by: _____
Date Refund Approved: _____

REFUNDS WILL ONLY BE AUTHORIZED AFTER OUR OFFICE HAS RECEIVED PAYMENT FOR THE TAX